



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9155

SERIAL NUMBER 09/472,743	FILING DATE 12/27/1999 RULE	CLASS 002	GROUP ART UNIT 3741	ATTORNEY DOCKET NO.	
APPLICANTS ROBERT M. FOUS, EUGENE, OR; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/118,543 02/04/1999 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/05/2000 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY OR	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
ADDRESS ROBERT M FOUS 2055 W. 25th AVE. EUGENE ,OR 97403					
TITLE ERGONOMIC FIELDING GLOVE					
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/472,743		FILING DATE 12/27/99	CLASS 002	GROUP ART UNIT 3741	ATTORNEY DOCKET NO.	
APPLICANT ROBERT M. FOUS, EUGENE, OR.						
CONTINUING DOMESTIC DATA*** VERIFIED PROVISIONAL APPLICATION NO. 60/118,543 02/04/99 <u>GW</u>						
371 (NAT'L STAGE) DATA*** VERIFIED <u>GW</u> None						
FOREIGN APPLICATIONS*** VERIFIED <u>GW</u> None						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/05/00 ** SMALL ENTITY **						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY OR	SHEETS DRAWING 2	TOTAL CLAIMS 7
Verified and Acknowledged		Examiner's Initials <u>GW</u> Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS ROBERT M FOUS 2706 MOON MOUNTAIN DRIVE EUGENE OR 97403						
TITLE ERGONOMIC FIELDING GLOVE						
FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		